

Instructions:

This form is to be used for registration changes (e.g. add/drop course, decrease/increase credits, change grade mode).
Exceptions: The Withdrawal Form must be completed by students who are registered for only one course and want to terminate registration, and students who want to terminate registration for ALL courses.

1. Complete all appropriate sections.
 2. Obtain required signature(s) as noted below.
 3. Submit the signed form to the Graduate School. **This form must be RECEIVED by the Graduate School by the deadline** posted on the semester calendar: http://www.graduate.umaryland.edu/grad_calendar/index.html.
- * By submitting this form, the student understands that she/he is financially liable for tuition and fees. Any applicable refund is based on the date the form is received by the Graduate School and the published refund schedule.

STUDENT ID: _____ @ _____ **TERM, YEAR:** _____
NAME (LAST, FIRST): _____ **PROGRAM:** _____
UMB E-MAIL: _____

ADD – Obtain a signature from your Graduate Program Coordinator (GPC) or Graduate Program Director (GPD).

Available only through Week 1 (fall, spring, summer) or Day 2 (winter)

CRN	Subject	Course #	Section	Course Title	Credits	Audit (Y/N)

CHANGE – Available only through Week 8 (fall, spring), Week 3 (summer), or Day 2 (winter)

CRN	Subject	Course #	Section	Course Title	Decrease Credits	Increase Credits	Change Grade Mode to
					-	+	<input type="checkbox"/> Audit <input type="checkbox"/> Letter
					-	+	<input type="checkbox"/> Audit <input type="checkbox"/> Letter

DROP – Obtain signature(s) from your:

- GPC/GPD for any course(s) to be dropped and
- Instructor, *if* course(s) dropped after week 8 (fall/spring), week 3 (summer), or day 2 (winter).

Fall/Spring	Summer	Winter	Notation on Transcript
Weeks 1 – 3	Weeks 1 – 3	Day 1 – 2	No notation on transcript.
Weeks 4 – 8	N/A	N/A	W to indicate withdrawal.
Weeks 9 – end	Weeks 4 – end	Day 3 – end	Instructor must assign a grade of Withdraw Pass (WP) or Withdraw Fail (WF), based on student’s grade at the time the course is dropped.

CRN	Subject	Course #	Section	Instructor’s Printed Name	Instructor’s Signature	WP/WF

Student’s Signature: _____ Date: _____

GPC/GPD Signature: _____ Date: _____

Submit to the Graduate School: gradforms@umaryland.edu • Fax: 410-706-3473 • 620 W Lexington St 5th Floor

If you require special accommodations or services, please notify your department and the Office of Educational Support and Disability Services at 410-706-3100 or 800-735-2258 TTY/Voice.

For Graduate School Use Only:

Processed by: _____ Date: _____